

Health,
& Welfare
Public
Service

FILED NOV 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35328

STATE FILE NUMBER

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 26

300
1-57

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Whiteside		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR MALEDEN, Mo.			c. CITY OR TOWN Erie		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Malden Air Base			d. STREET ADDRESS Erie, Illinois.		
Length of stay in 1b 3 MONTHS			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BEVERELY Middle IRENE Last HOWARD			4. DATE OF DEATH Month OCTOBER Day 28 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May. 15, 1932		9. AGE (In years on birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Erie, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Chris Emo		13b. MOTHER'S MAIDEN NAME Vera Miller		14. NAME OF HUSBAND OR WIFE Robert G. Howard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 320-28-2096		17. INFORMANT Address Catherine E. Nation, Malden, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pulmonary embolism. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH immediate immediate
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 7-23-57 to 10-27-57 and last saw her alive on 10-27-57 Death occurred at 10:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. A. Croom M.D.		(Degree or title)		22b. ADDRESS Malden, Mo.	22c. DATE SIGNED 10-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-30-57	23c. NAME OF CEMETERY OR CREMATORY Erie, Illinois		23d. LOCATION (City, town, or county) (State) Erie, Illinois	
24. FUNERAL DIRECTOR Schilling Funeral Home, Erie, Ill.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11-2-1957	26. REGISTRAR'S SIGNATURE J. E. Scherman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED DUNKLIN COUNTY H
DEPARTMENT ...11-4-5
COUNTY FILE NUMBER 115

DEC 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. L. Schuman*

Licensed Embalmer No. 4086
P. O. Address *Menden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.